

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/06/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER ERWIN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 STALLING LANE ERWIN, TN 37650		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 014 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, it was determined that the facility failed to have interior finishes in corridors and exit ways of a Class A or Class B flame spread.</p> <p>The findings include:</p> <p>Observation, record review, and interview with the maintenance director on March 4, 2014 at 10:00 a.m. revealed the front lobby area by the administrative offices, the corridors in the Magnolia and Dogwood Halls have a wood wainscoting extending approximately 3 feet up the wall within these corridor areas. No documentation showing that the wainscoting has a Class A or Class B flame spread rating.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 4, 2014.</p>	K 014	<p>The wainscoting in the front lobby area by the administrative offices, the corridors in Magnolia and Dogwood Halls will have a Class A or Class B flame spread rate by applying Flame Safe Fire Retardant Coating Fire Poly 75 I.</p> <p>The Administrator verified the Correction and the existing NFPA101 Life Safety Code was met.</p>	4/18/2014	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only</p>	K 018	<p>The fire doors by Rm 113 and Zone 3 latch within their frame as of the completion date.</p> <p>(1) The Smoke Detectors Sensitivity Test will be scheduled and documented (per NFPA 72 requirements) by the completion date.</p>	4/18/2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have fire doors latch within their frame. The findings include: Observation on March 4, 2014 at 10:52 a.m. revealed the fire doors by rooms 113 and Zone 3 fire doors did not close and latch when tested. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 4, 2014.	K 018	The Administrator verified the correction and the existing NFPA 101 Life Safety Code.		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable	K 052	The Smoke Detector vendor has been notified of the first and second year test to meet requirement.	4/18/2014	

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K 052	<p>Continued From page 2 requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and record review, it was determined that the facility failed to maintain the fire alarm system and its components.</p> <p>The findings include:</p> <p>Observation and record review on March 3 and 4, 2014 at 11:10 a.m. and 3:00 p.m. revealed the following:</p> <p>1. The smoke detector sensitivity test has been increased to 5 years intervals. There is no documentation showing that when the 5 year sensitivity interval is used, there shall be documentation showing nuisance alarms are recorded, therefore voiding the sensitivity testing requirements. NFPA 72, 1999 Edition 7-3.2.1*</p> <p>Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of</p>	K 052	<p>(2) The facility implemented a fire watch policy until the fire alarm company restored the fire alarm panel to service on March 5, 2014</p> <p>The Administrator verified the correction and the existing NFPA 101 Life Safety Code.</p>	3/5/2014	

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K 052	Continued From page 3 detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. 2. The fire alarm is showing a trouble signal since February 28, 2014. Maintenance notified the fire alarm company to schedule an onsite visit. The fire alarm company made their onsite visit March 4, 2014 to diagnose the trouble signal. The fire alarm company left the fire alarm panel and some circuits disabled until their return on March 5, 2014. During a fire alarm test it was found that the circuits that were disabled controlled the audio and visual notification devices throughout the facility. However, during any alarm notification all magnetic doors released and the monitoring company still received all alarms. The facility implemented their fire watch policy until the fire alarm company can restore the fire alarm panel to service. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 4, 2014.	K 052			
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.8, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and record review, it was	K 062	(1)The Sprinkler system 3 year full flow trip test that exceeded it 60 second time limit was completed before the completion date. (2)The Quick Opening Device has been turned on and tested to meet NFPA 13 & NFPA25 requirements before the completion date.	4/18/2014 4/18/2014	

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K 062	Continued From page 4 determined that the facility failed to maintain the automatic sprinkler system and its components. The findings include: Observation and record review on March 3 and 4 between 10:00 a.m. and 11:15 a.m. revealed the following: 1. Documentation revealed the sprinkler systems 3 year full flow trip test has exceeded its 60 second time limit. 2. Documentation revealed the Quick Opening Device (QOD) has been turned off since at least 2011. 3. Documentation revealed the 5 year obstruction investigation inspection is past due. Last Inspected in 2008. 4. Documentation revealed that the 5 year sprinkler gauge replacement or calibration is past due. Last gauge replacement or calibration was in 2008. 5. Observation revealed sprinkler heads were painted over or has paint over spray in: a. Clean linen room in skilled unit. b. Skilled nurses station. c. Zone 4 above fire place. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 4 2014.	K 062	(3) The 5 year Obstruction Investigation Inspection will be completed by the 4/18/14 (4) The 5 year Sprinkler Gauge or Calibration test will be completed by the 4/18/14 date (5) *The sprinkler heads have been ordered and will be replaced before the 4/18/14 date The Administrator verified the Correction and the existing NFPA101 Life Safety Code was met.	4/18/2014 4/18/2014 4/18/2014	
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	(1) The 4 year fire damper maintenance test will be completed by 4/18/14 (2) The ceiling radiant fire damper in the secured was fixed in accordance to NFPA 90 A requirements.	4/18/2014 4/18/2014	

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K 067	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation and record review, it was determined that the facility failed to maintain the Heating, Ventilating, and Air Conditioning (HVAC) in accordance with NFPA 90A. The findings include: Observation and record review on March 4, 2014 at 11:05 a.m. revealed the facility is Type V construction with a 1 hour fire rated ceiling assembly and failed to do the following: 1. The 4-year fire damper maintenance is past due. Last inspection was conducted in April 2009. 2. Observation revealed the ceiling radiant fire damper at secure unit nurses station is permanently wired opened. 3. Observation revealed the HVAC air supply at the secure unit nurses station by the auxiliary drain is not equipped with a ceiling fire damper. 4. Observation revealed the HVAC return air at the secure unit nurses station is not equipped with a ceiling fire damper. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 4 2014.	K 067	(3) The HVAC air supply at the secure unit nurses station was corrected. (4) The return air at the secure unit nursing is now equipped with a ceiling fire damper The Administrator verified the Correction and the existing NFPA101 Life Safety Code was met.	4/18/2014 4/18/2014	